

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>09/762,538-Conf. #5705</td> </tr> <tr> <td>Filing Date</td> <td>July 19, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Josephine M. Egan</td> </tr> <tr> <td>Title</td> <td>DIFFERENTIATION OF NON-INSULIN PRODUCING CELLS INTO INSULIN, etc.</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>84475(47992)</td> </tr> </table>	Application Number	09/762,538-Conf. #5705	Filing Date	July 19, 2001	First Named Inventor	Josephine M. Egan	Title	DIFFERENTIATION OF NON-INSULIN PRODUCING CELLS INTO INSULIN, etc.	Art Unit		Examiner Name		Attorney Docket No.	84475(47992)
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I hereby revoke all previous powers of attorney given in the above-identified application.

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Please recognize or change the correspondence address for the above-identified application to:

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OR

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OR

☒ Firm or Individual Name **Peter F. Corless**
EDWARDS ANGELL PALMER & DODGE LLP

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Country US	Telephone (617) 239-0100	Email pcorless@eapdlaw.com

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature	/Peter F. Corless/	Date	September 11, 2009
Name	Peter F. Corless	Telephone	(617) 517-5557
Title and Company	Attorney for Assignee		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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